

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

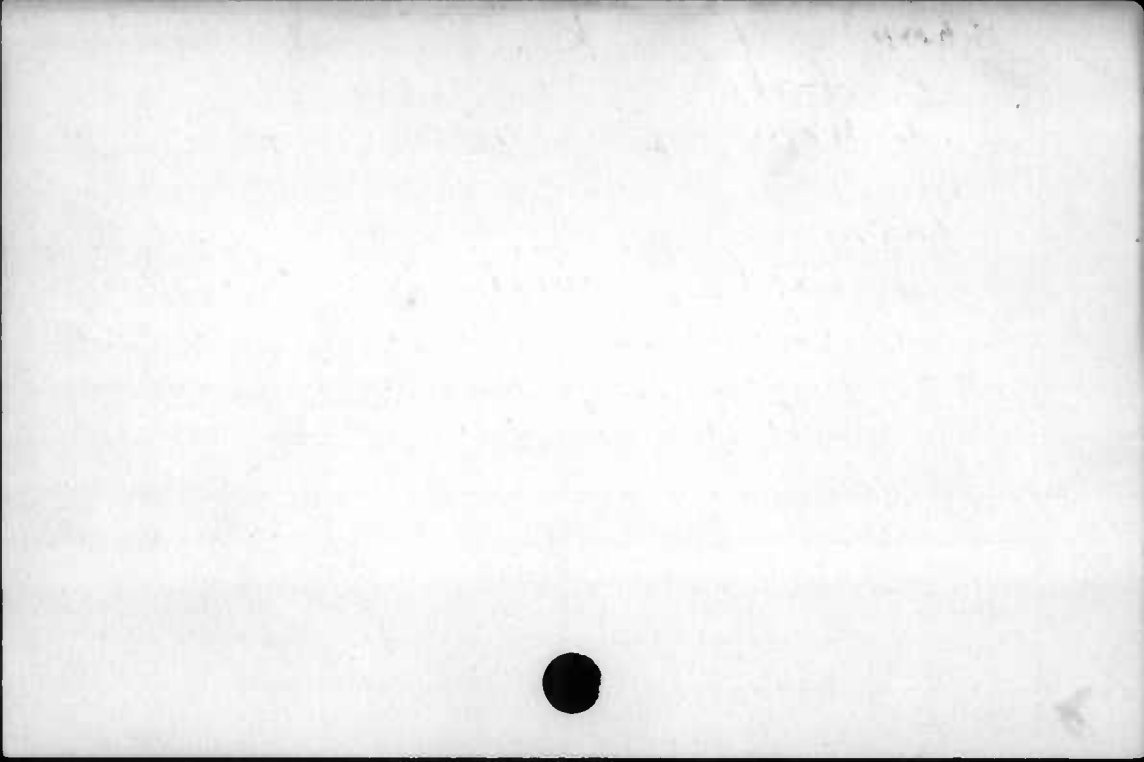
Died at <i>Thomae Blackburn</i>		Town <i>near Ridgely</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>2</i>	Age <i>70</i>	Years <i>8</i>	Months <i>17</i>	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>England</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death <i>near Ridgely</i>			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Catherine Blackburn</i>			
Father's Name	<i>Richard Blackburn</i>				Father's Birthplace	<i>England</i>	
Mother's Maiden Name	<i>Mary Ann Miller</i>				Mother's Birthplace	<i>England</i>	
Name of person giving information	<i>John E. Black</i>				How related to deceased	<i>son in law</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Mitral Heart-disease</i>	How long	<i>many years</i>
Immediate	<i>Heart-failure</i>	How long	<i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. H. P. Jones</i>
		Address	<i>Ridgely, Md.</i>
Accident or Suicide?			



Name in Full

Certificate of Death

Susan J. Bullock

Town

County

Died at

Newton

Caroline

MARYLAND

Date 19

06

Month

Day

11 29

Y.

M.

D.

Age

62 - -

Native of

Occupation

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

5

Husband

of

H. E. Bullock

Wife

Father's

Name

H. Thomas

Mother's

Maiden Name

Susan J. Thomas  
Dout Lamon

Cause of

Primary

Brights

Death

Immediate

Cancer

How long sick

12 months

~~Accident, Suicide, Homicide~~

Reported by

P. R. Fisher

Address

Newton

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Mother's birth-place -

Unknown

Father's birth-place -

Unknown

Source of information -

C. R. Dulligan  
Son

Name  
in  
Full

Estella Cephas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

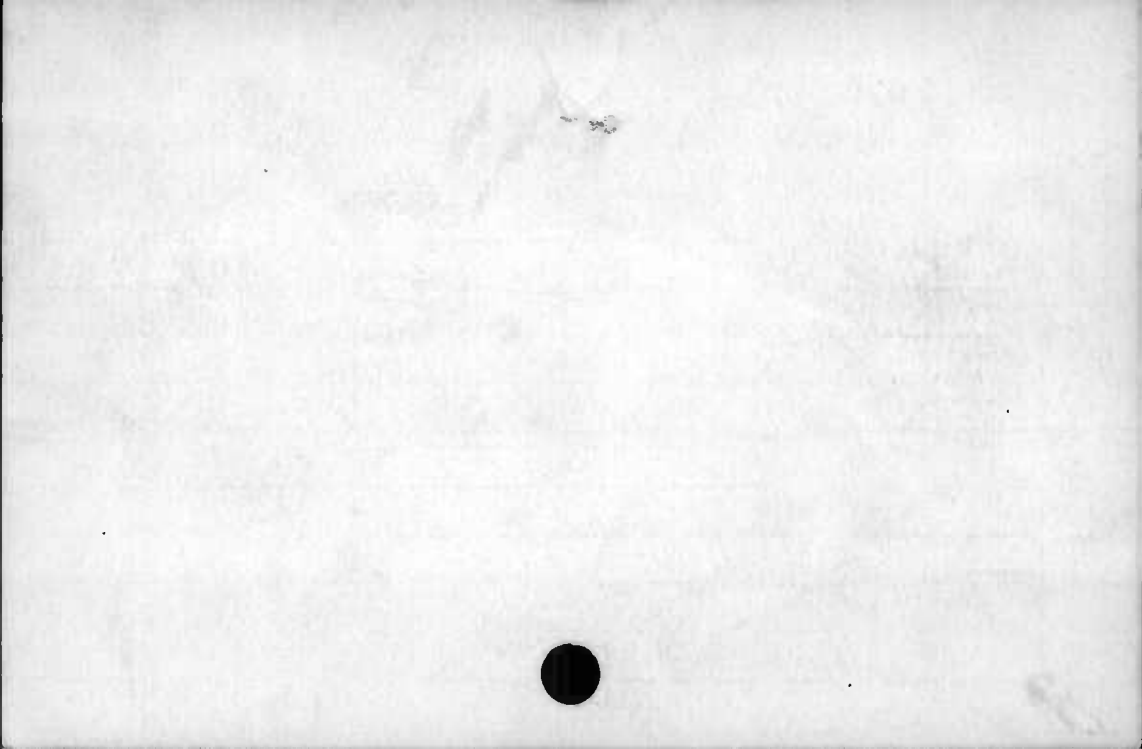
Died at *Two Johns* Town *Cardine* County  
Date of death *1906* Month *Nov.* Day *26* Age *25* Years Months *4* Days *8*  
Sex *Female* Color or Race *dark* Birth-place *Maryland*  
Occupation *Housekeeper* Where Residing if not at place of death  
~~Married~~, Single Name of Wife or Husband

Father's Name *Eellsberry Cephas* Father's Birthplace *Ind.*  
Mother's Maiden Name *Margaret Stanford* Mother's Birthplace *Ind.*  
Name of person giving information *Edgar Cephas* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid fever* How long *4 weeks*  
Immediate *Intestinal hemorrhage* How long  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. D. H. Hadway*  
Address *Howling Creek*  
Accident or Suicide? *no* *Ind.*



Name in Full		Eaton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Preston		County Caroline		MARYLAND
	Date of death	1906	Month	11	Day	19	Age
	Sex		Female		Color or Race		W
	Occupation				Birth-place		San
	Where Residing if not at place of death						
	Married, Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Ed Eaton		Father's Birthplace		Ms
	Mother's Maiden Name		Rhoda Callie		Mother's Birthplace		Del
	Name of person giving information		Ed Eaton		How related to deceased		Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Still Born		How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Raymond D. Jones
	Address						
Accident or Suicide?							

2





Name  
in  
Full

Cecil Handnocks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Winton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1906	Month	11	Day	30
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Penn.</i>	
Occupation <i>Wm</i>		Where Residing if not at place of death <i>Penn</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Handnocks</i>		Father's Birthplace <i>Penn.</i>			
Mother's Maiden Name <i>Grace Burr</i>		Mother's Birthplace <i>Penn.</i>			
Name of person giving information <i>B. B. Brumbyugh</i>		How related to deceased <i>Not related</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngitis</i>	How long <i>4 days</i>
Immediate <i>Same</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. R. Dairine M.D.</i>
	Address <i>Winton</i>
Accident or Suicide? <i>No</i>	<i>md</i>



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

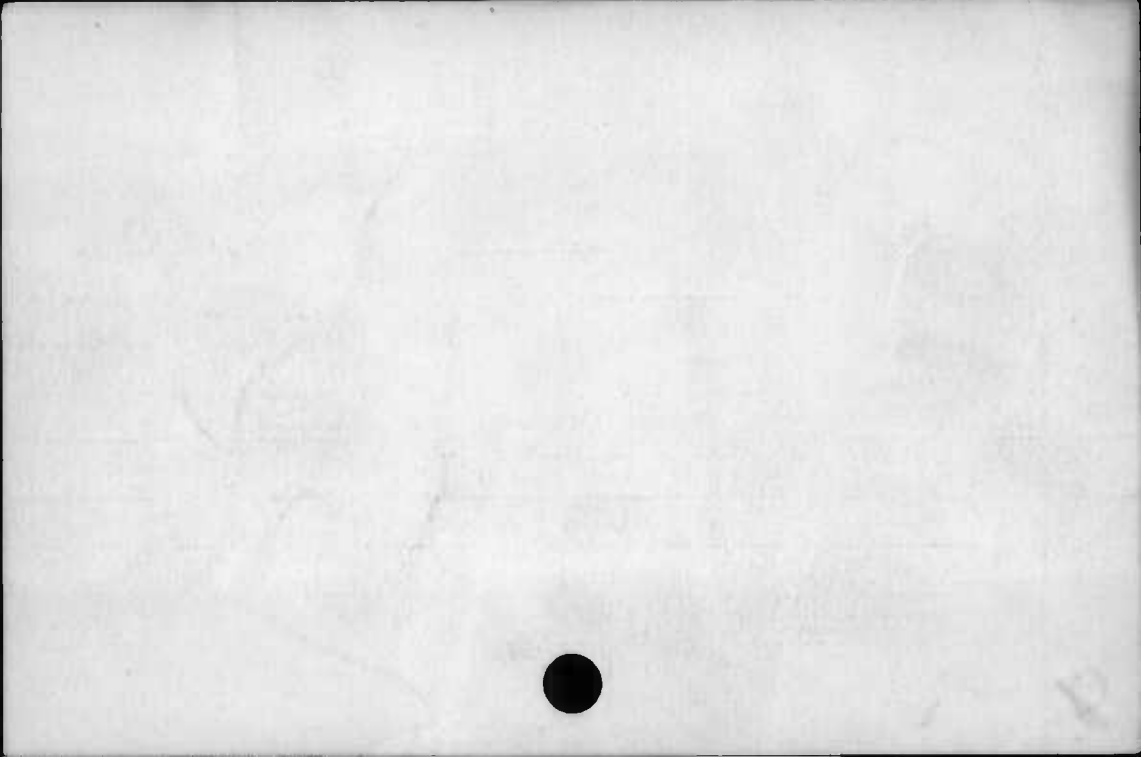
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stobbs</i> <sup>Town</sup>		<i>Pratt</i> <sup>County</sup>			
Date of death <i>1906</i>		Month <i>11</i>	Day <i>29</i>	Age <i>67</i>	Years <i>67</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St. Louis Co. Md.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Ellen Jester</i>				
Father's Name <i>Jonathan Jester</i>	Father's Birthplace <i>St. Louis Co. Md.</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paronychia</i>	How long <i>3 days</i>
Immediate <i>Heart Failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. N. Nichols M.D.</i>
	Address <i>Denton Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

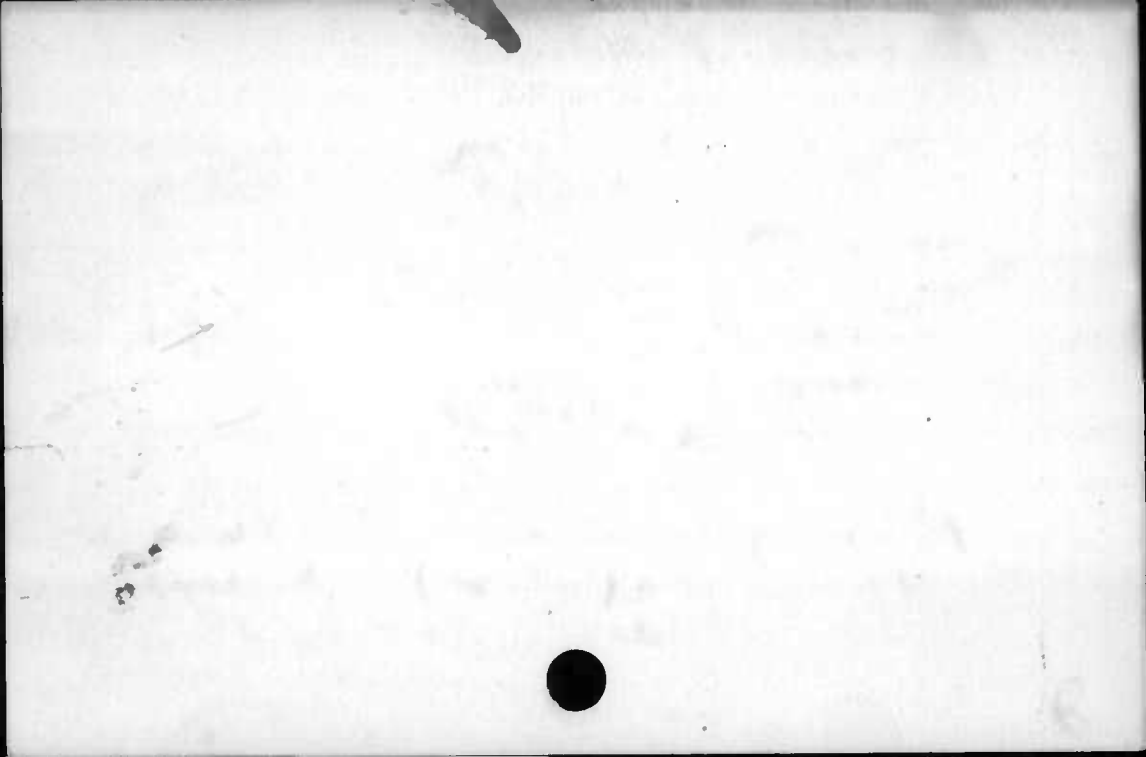
Name in Full <i>Joshua Y. King</i>		Town <i>Wentz</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Wentz</i>		Month <i>Nov</i>		Day <i>20</i>		Years <i>59</i>	
Date of death <i>1902</i>		Month <i>Nov</i>		Day <i>20</i>		Years <i>59</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>			
Occupation <i>Preacher</i>		Where Residing if not at place of death <i>Caroline County Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Jonathan King</i>		Father's Birthplace <i>Penn</i>					
Mother's Maiden Name <i>Elizabeth Snyder</i>		Mother's Birthplace <i>h</i>					
Name of person giving information <i>Lee King</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

143

PHYSICIAN  
OR CORONER

Primary <i>Blood Poisoning &amp; Lung Infection -</i>	How long <i>Two Weeks</i>
Immediate <i>Pneumonia &amp; Heart Failure</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. R. Richards M.D.</i>
	Address <i>Ind. City Caroline County Maryland</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Orville Pritchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Thomastown <sup>County</sup> Max Hillbano Corral

Date of death 1906 Month 11 Day 9 Age 69 Years Months Don't know Days Don't know

Sex Boy Color or Race colour Birth-place Ridgely

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Roney Pritchett Father's Birthplace Thomastown

Mother's Maiden Name Emma Brown Mother's Birthplace Ridgely

Name of person giving information Philip Pritchett How related to deceased Grandfather

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

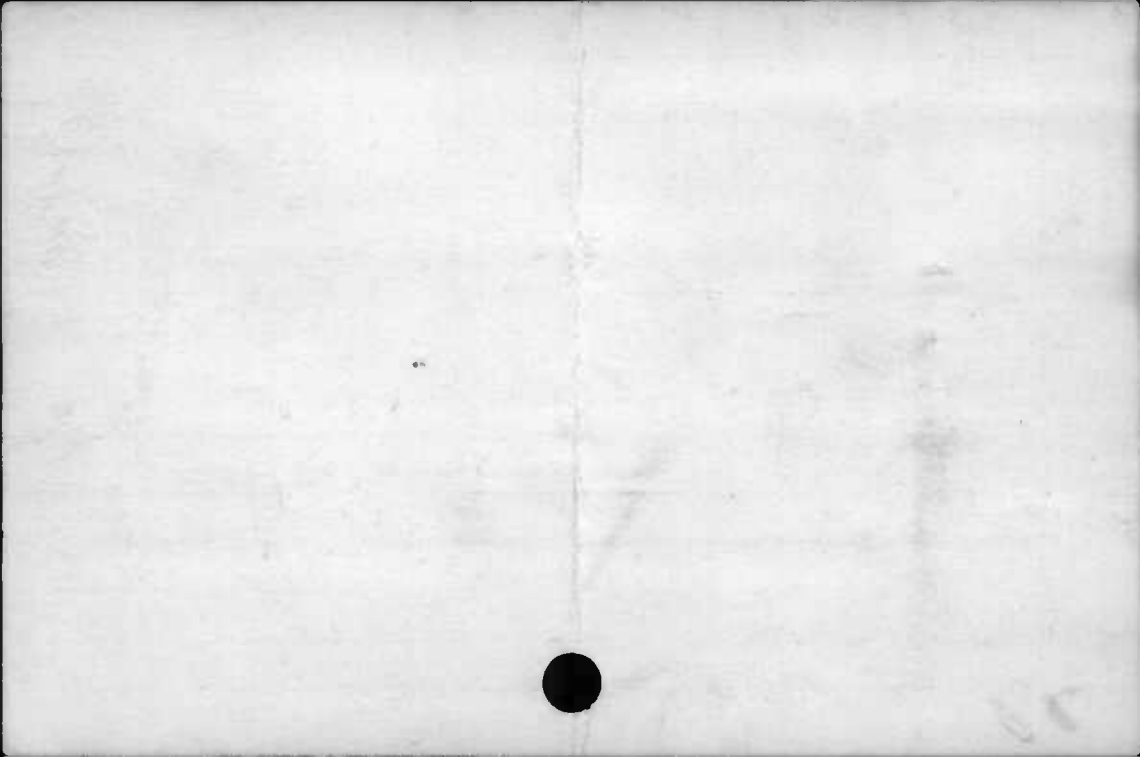
Primary Pharyngitis, Bronchitis, Long Six days

Immediate Pneumonia (Lobar) How long Two days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Tobey Hackett

Address Green Anne

Accident or Suicide? \_\_\_\_\_





Name in Full

Certificate of Death

Lena E. Speer

Town

County

Died at

Federalburg

Caroline

MARYLAND

Date

Month

Day

Y.

M.

D.

Name of

Occupation

1906

11

6

Age

70

Ger

housewife

Female

White

~~Married~~

Widow

~~Divorced~~

Number of children living 3

Husband  
of  
Wife

Father's

Name

Mother's

Name

19

Cause of

Primary

Pondine disease

How long sick

2 yrs

Death

Immediate

Cerebral Hemiparesis.

Accident, Suicide, Homicide

Reported by

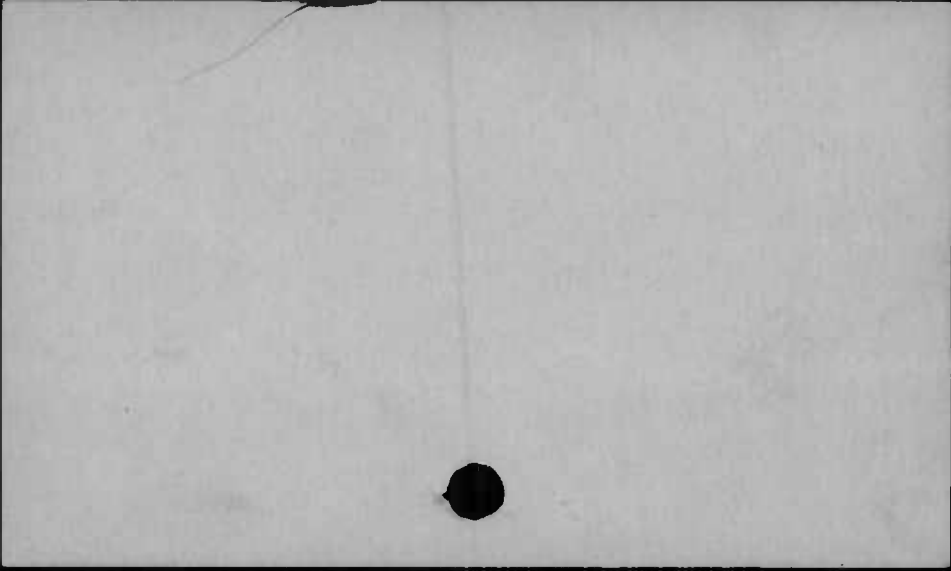
Ger. F. G. Conway.

Address

Federalburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

Otha Alberta Thomas

## CERTIFICATE OF DEATH

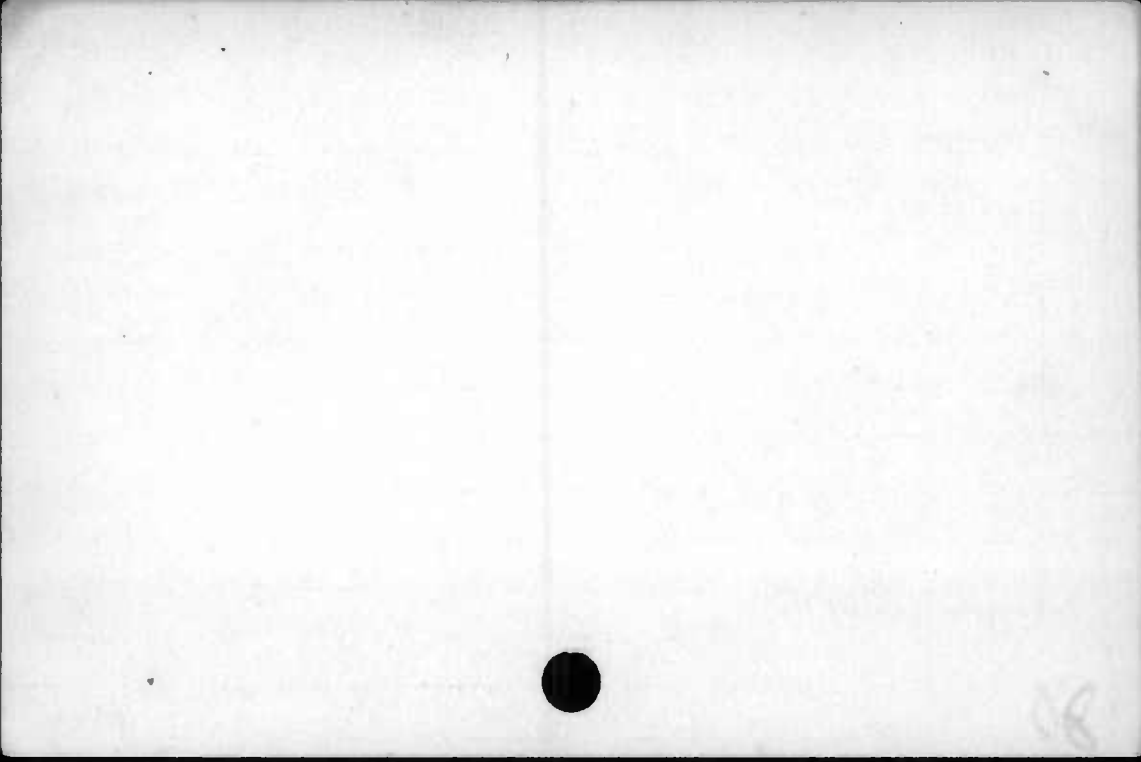
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Horton</i>		County <i>Caroline</i>		MARYLAND			
Date of death	1906	Month <i>11</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Horton Md</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>same</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>W. Elmer Thomas</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Rose E. Friend</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>W. Elmer Thomas</i>	How related to deceased <i>Father</i>						

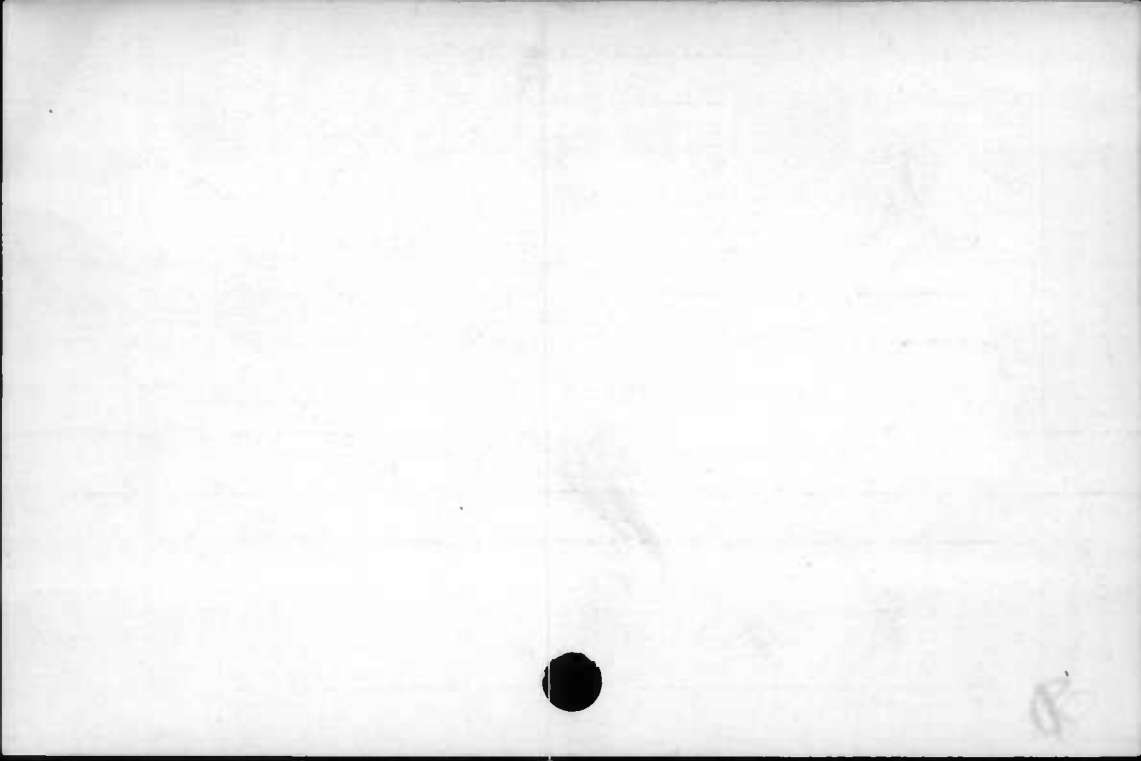
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infantile Paralysis</i>	How long <i>2 weeks</i>
Immediate <i>same</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. R. Dickler</i>
	Address <i>Horton Md</i>
Accident or Suicide? <i>No</i>	



Name in Full <b>Alvin Todd</b>		CERTIFICATE OF DEATH			
Died at <b>Town</b> <i>Mar. Newell</i>		<b>County</b> <i>Caroline</i>		<b>MARYLAND</b>	
<b>Date of death</b> <i>1906</i>	<b>Month</b> <i>11</i>	<b>Day</b> <i>5</i>	<b>Age</b> <i>77</i>	<b>Months</b> <i>11</i>	<b>Days</b> <i>2</i>
<b>Sex</b> <i>Female</i>		<b>Color or Race</b> <i>W</i>		<b>Birth-place</b> <i>Caroline Co</i>	
<b>Occupation</b> _____			<b>Where Residing if not at place of death</b> _____		
<b>Married, Single or Widowed</b> _____		<b>Name of Wife or Husband</b> _____			
<b>Father's Name</b> <i>John Todd</i>			<b>Father's Birthplace</b> <i>Ms</i>		
<b>Mother's Maiden Name</b> <i>Ella Callie</i>			<b>Mother's Birthplace</b> <i>Do</i>		
<b>Name of person giving information</b> <i>John Todd</i>			<b>How related to deceased</b> <i>Father</i>		
<b>CAUSES OF DEATH</b>					
<b>Primary</b> <i>Broncho Pneumonia</i>			<b>How long</b> <i>4 days</i>		
<b>Immediate</b> <i>Same</i>			<b>How long</b> _____		
<b>Are the name, age, sex, color, date and place correctly given above?</b> <i>yes</i>			<b>Signature of Physician</b> <i>J. Raymond Dawne</i>		
			<b>Address</b> <i>Newell</i>		
<b>Accident or Suicide?</b> <i>8</i>					



# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Federalburg		Caroline		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1901	Nov	17	20	9	13	
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	Lady			Where Reading if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Single			(single)				
Father's Name			O. T. Wilson			Father's Birthplace	
Mother's Maiden Name			Martha Cahall			Mother's Birthplace	
Name of person giving information			O. T. Wilson			How related to deceased	
						Father	

### CAUSES OF DEATH

Primary	<i>Typhoid fever</i>	How long	<i>19 days</i>
Immediate	<i>Intestinal haemorrhage</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Jdm H. Hadway</i>
		Address	<i>Preston Ind.</i>
Accident or Suicide?	<i>No</i>		

